

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAWFIELD COUNTY, WISCONSIN

Date Stamp (Received)
FEB 24 2014

ENTERED

Permit #:	14-00017
Date:	3-4-14
Amount Paid:	\$50.00-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

T691P

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input checked="" type="checkbox"/> OTHER					
Owner's Name: JAMES ISAACSON	Mailing Address: 1423 DORADO DR SUN PRARIE WI 53590	Telephone: 608 837-7788			
Address of Property: 46745 TWIN PINE LANE		City/State/Zip: CABLE, WI 54821	Cell Phone:		
Contractor: OUNER	Contractor Phone: 608 837-7788	Plumber: JEFF HOLFIELD	Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-0212-44-06-32-1 05-007-01000	Recorded Document: (i.e. Property Ownership) Volume 7106 Page(s) 547		
	1/4, 1/4	Gov't Lot 7	CSM Vol & Page	Lot(s) No. Block(s) No. Subdivision:	
Section 32, Township 44 N, Range 6 W	Town of: Grand View		Lot Size	Acreage 1.32	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (ind. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 75' 4" feet	Distance Structure is from Shoreline: 75' 4" feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$150,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	Specify Type: Sanitary (Exists)	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: Vented (min 200 gallon)	
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (w/service contract)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 55'	Width: 18'	Height: 18'
Proposed Construction:	Length:	Width:	Height:

Proposed Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	Dimensions	Square Footage
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.) with Loft	() X ()	1330
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Porch	() X ()	200
	<input type="checkbox"/>	with (2nd) Porch	() X ()	90
	<input type="checkbox"/>	with a Deck	() X ()	162
	<input type="checkbox"/>	with (2nd) Deck	() X ()	
	<input type="checkbox"/>	with Attached Garage	() X ()	
	<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
	<input type="checkbox"/>	Mobile Home (manufactured date)	() X ()	
	<input type="checkbox"/>	Addition/Alteration (specify)	() X ()	
	<input type="checkbox"/>	Accessory Building (specify)	() X ()	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	() X ()	
	<input type="checkbox"/>	Conditional Use: (explain)	() X ()	
	<input checked="" type="checkbox"/>	Other: (explain) Temp 2nd Residence (6 months)	() X ()	
MAR 04 2014				
Secretarial Staff				

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information in providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James Isaacson

Date 19 Feb 2014

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

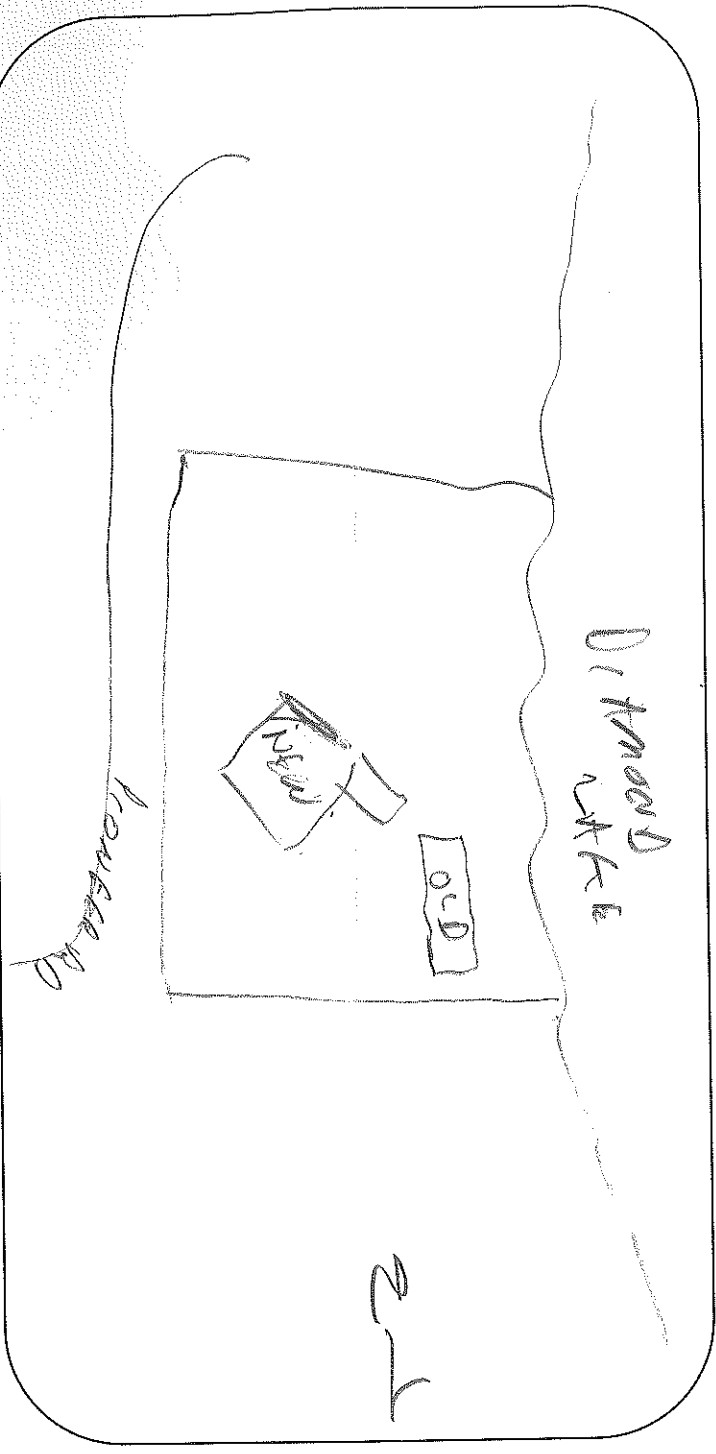
Address to send permit

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

in the box below: Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
 - (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - (3) Show Location of (*): All Existing Structures on your Property
 - (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
 - (7) Show any (*):



Please complete (4) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' Feet	Setback from the Lake (ordinary high-water mark)	+ 75' Feet
Setback from the Established Right-of-Way	100' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	30' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	100' + Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	100' + Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	80' Feet	Setback to Well	6' Feet
Setback to Drain Field	7' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>4411</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>8-30-76</u>					
Permit Denied (Date):		Reason for Denial:							
Permit #: <u>3-4-14</u>		Permit Date: <u>14-0001T</u>							
Is Parcel a Sub-Standard lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)		Case #:		Were Property Lines Represented by Owner		Was Property Surveyed			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Lines Represented by Owner		Was Property Surveyed			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Lines Represented by Owner		Was Property Surveyed			
Inspection Record:		Zoning District (R-1)							
Structure is existing.		Lakes Classification (1)							
Date of Inspection: <u>8-27-14</u>		Inspected by:		Date of Re-Inspection:					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)									
Original residence must be removed by 11-20-14.									
Signature of Inspector: <u>Michael Smith</u>		Date of Approval: <u>8-27-14</u>							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	